



City of Chilton

Application for:
ROOM TAX PERMIT

City of Chilton
Room Tax
42 School Street
Chilton, WI 53014
Phone: 920-849-2451
Fax: 920-849-2025
Web: www.chiltonwi.gov

Business Information

Name of Establishment: _____ Phone: (____) ____ - _____

Location: _____ No. of Rooms _____

Mailing Address (if different) _____

E-mail Address: _____

Name of Manager/Operator: _____ Phone: (____) ____ - _____

Type of Business (Circle One):

Hotel/Motel Resort Inn Condominium B & B House Other

Date of Purchase of Business: _____

Ownership Information

Form of Ownership (Circle One):

Individual Partnership Corporation

Corporation or Partnership Name

If Different from Business Name Above: _____

Names of Individual Owners, Partners, or Corporate Officers

NAMES

TITLES

ADDRESSES

<u>NAMES</u>	<u>TITLES</u>	<u>ADDRESSES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Records/Remittance Information

Individual or company responsible for the completion of the monthly tax form and payment:

Name: _____ Phone: (____) ____ - _____

_____ Date _____

Signature & Title

FOR CITY USE ONLY:

Permit No. _____

Permit Fee: \$50.00

Date Issued: _____

Receipt No. _____

By: _____